



LEONARD BLOOM & ASSOCIATES, LLC

The Honorable Commissioner

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August 2, 2001

The inventor is:

Joseph A. Sniadach, M.D.
4427 Wynn Road
Baltimore, MD 21236

Citizenship: U. S. A.



The applicant is a small entity.

Please address all correspondence to:

LEONARD BLOOM & ASSOCIATES, LLC
401 Washington Avenue
Suite 905
Towson, Maryland 21204.

If there are any additional fees required, please charge our Deposit Account No. 02-2839.

Thank you for your cooperation and assistance.

Respectfully submitted,

Robert M. Gamson
Reg. No. 32,986

RMG/jjr
Enclosures

LEONARD BLOOM & ASSOCIATES, LLC

INTELLECTUAL PROPERTY
LAW OFFICES

401 WASHINGTON AVENUE, SUITE 905
TOWSON, MARYLAND 21204

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VIA EXPRESS MAIL
EL869807575US

To the Honorable Commissioner
of Patents and Trademarks
Washington, DC 20231

Re: Our Docket No 21242-PA

Dear Sir:

Enclosed please find the following:

1. New U.S.A. patent application entitled DOUBLE BARREL VENTILATION MASK FOR A PATIENT, including abstract, specification and claims (14 pages) and formal drawings (4 sheets), Joseph A. Sniadach, M.D., Inventor.
2. Declaration and Power of Attorney duly executed.
3. Form PTO-1082 duly executed, in duplicate.
4. Our check No. 6651, in the amount of \$355.00, to cover the application filing fee.
5. Our post card. (Please date stamp and return.)

August 2, 2001

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231, on

Date: August 2, 2001

Express Label No.: EL869807575US

By: Judy Robertson

To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing is the patent application of:

Inventor: JOSEPH A. SNIADACH, M.D.

For: DOUBLE BARREL VENTILATION MASK FOR A PATIENT

Enclosed are:

☒ 4 sheets of drawing(s).

☐ An assignment of the invention to _____.

☐ A certified copy of a(n) _____ application.

☒ A Declaration and Power of Attorney.

☐ _____.

Small Entity Status: Yes ☒ No ☐

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
FOR:	NO. FILED	NO. EXTRA		RATE	FEE		RATE	FEE
BASIC FEE					\$ 355	OR		\$ 710
TOTAL CLAIMS	18 -20=	* 0		x 9 =	\$ 0		x 18 =	\$
INDEP. CLAIMS	3 -3=	* 0		x 40 =	\$ 0		x 80 =	\$
MULT. DEPENDENT CLAIM PRESENTED				+135	\$		+ 270 =	\$
If the difference in Col. 1 is less than zero, enter "0" in Col. 2.				TOTAL	\$ 355	OR	TOTAL	\$

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 355.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☐ Any patent application processing fees under 37 C.F.R. 1.17.

☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.

Case Docket No. 21242-PA

FORM PTO-1082

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